UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| 1 Date of Request: _8-1-05_ | 2 Serial/Patent # **10/521468** |

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	1-18-05	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

| 7 TOTAL AMOUNT OF REFUND | $ 100 |

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:	
✓ Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 |1|5|--|0|0|3|0|
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _A Johnson_   TITLE: _paralegal_

SIGNATURE: _A Johnson_   PHONE: _308-9140_

OFFICE: _PCT_

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)